

compounded with the continued increase of yearly premiums, which have left many individuals and families having to choose either between coverage and financial insecurity or joining the ranks of the uninsured and watching the possible deterioration of their health. Nationally, 8 out of 10 or the uninsured are in working families that cannot afford health insurance and are not eligible for public programs. In South Dakota, 84 percent of the uninsured live in a family headed by a working adult. The Center for Studying Health System Change found that health care costs for privately insured Americans jumped 10 percent in 2001. In 2002, premiums for employer-sponsored health coverage increased 12.7 percent. As many as 40 percent of small businesses in South Dakota that have provided workers a health benefit say that they may have to eliminate it. In addition, children are seriously affected by this decrease in health insurance coverage. While South Dakota has done very well at enrolling eligible children in the State Children's Health Insurance Program SCHIP, according to a January 2003 report by the Children's Defense Fund the State ranks 16th in the Nation in percent of uninsured children. A recent report showed that 19,000 South Dakota children under age of 19 are uninsured. These statistics on both the South Dakota level, as well as national level, only reconfirm the seriousness of the problem.

It goes without saying that the uninsured often face greater challenges and run a higher risk of developing chronic illness because seeking treatment or even preventative care is fiscally out of the question. A third of uninsured South Dakotans report needing to see a doctor but not going because of cost concerns. National studies have shown that the uninsured are four times more likely to experience an avoidable hospital or emergency room visit or stay. For those who experience these types of visits, medical costs can be too substantial to pay. Outstanding medical bills are a leading cause of bankruptcy and have been cited as a reason for half of all personal bankruptcy filings. It is troubling to know that a large number of Americans are placed in a position to gamble with their health and be faced with possible financial ruin if they seek care for minor or major ailments.

With these staggering statistics, we need to take initiatives, as well as employ current resources, that will prevent this problem from becoming even worse. I support the establishment of full deductibility of health insurance premiums for the self-employed. I feel strongly that we need to make additional funding available to community health centers and other public health programs, which are the main source of care for the uninsured. As well, I look forward to further movement on such legislative initiatives as the Family Opportunity Act, which would give States the option of allowing families

of disabled children to purchase Medicaid coverage for them, and would provide for treatment of inpatient psychiatric hospital services for individuals under age 21 by allowing for payment of part or all of the cost of home or community-based services. While all of these initiatives are important steps forward, more needs to be done.

It is also important as we move forward with these initiatives, that we make sure to take precautions on other levels, so as not to exacerbate this problem any further. It is for this reason that I am concerned with the administration's Medicaid reform proposal. With States facing the most serious fiscal shortfalls to date, it is imperative to see that such programs as Medicaid be adequately funded. In previous years we have seen how Federal assistance has helped to expand this program, and in many ways been able to pick up where Medicare has left off. The Medicaid program has proved instrumental in providing health care coverage for many who would otherwise fall into the growing ranks of the uninsured.

Currently, there are 91,531 Medicaid-eligible recipients in South Dakota and the States' Medicaid expenditures are in excess of \$450 million. This includes both State and Federal dollars. It is projected that the South Dakota Medicaid Program will spend over \$70 million on prescription drugs alone in fiscal year 2003. The President's proposal would for the most part cease future Federal assistance, which has been instrumental in funding this program, and leave States having to pay back any Federal assistance they receive in a decade from now. This is not a solution, but a reshuffling of responsibility and liability from Federal and State to just States. This proposed reform could leave thousands of additional South Dakotans uninsured.

As you can see, the high volume of the uninsured is a serious situation in South Dakota, as well as the Nation at large. This problem needs to be remedied before any further erosion of our health care system commences. I look forward to the progress that will arise this week from the numerous presentations and discussions that will take place. However, it is my hope these discussions do not stop here. The ultimate goal of covering the uninsured can be reached as long as we work in a bipartisan fashion on both the Federal and State levels to make health care more affordable and accessible to all Americans.

FIBRODYSPLASIA OSSIFICANS PROGRESSIVA

Mr. CORZINE. Mr. President, I rise to call attention to a little-known, little-understood, devastating "orphan" disease fibrodysplasia ossificans progressiva, or FOP—which strikes children between age 2 and 10.

Normally, when a young child sprains a wrist or an ankle, or bruises

a knee, there's a natural healing process. But children with FOP—develop catastrophic bone spurs at the site of the injury that continue to grow, encasing major organs and exerting painful, life-threatening pressure. According to Dr. Frederic Kaplan, an orthopedic surgeon at the University of Pennsylvania, the worldwide center for FOP research, the average lifespan for people with this dreadful disease is about 45 years. But most sufferers are wheel-chair bound by age 20, breathing with the greatest difficulty, unable to feed or dress themselves.

Here's the sad problem: there are perhaps 300 FOP cases in the world—at least 12 in my state of New Jersey, 16 in New York, and 13 in Pennsylvania. This is the orphan of all orphan diseases. So we need to put a human face on this. For me, that face belongs to 10-year old Whitney Weldon, of Westfield, New Jersey. When first diagnosed two years ago, Whitney did all the things most all children do—run, play ball, skip down the street. Now she cannot lift her arms over her head. But she is able to ride a special bicycle and enjoy the art she loves, and time with her best friend. We want to give her the chance for more time, and to do that we need money for research. Right now Whitney's only treatment consists of painkillers and anti-inflammatory steroids. Nothing stops the bone growth.

Dr. Kaplan and his research partner at the University of Pennsylvania, Dr. Eileen Shore, have received a little more than \$1 million over 4 years from the National Institutes of Health for research into the gene that causes FOP and to determine the pathways by which this abnormal gene causes extra bone production. This funding is a tribute to their progress so far, but there is still such a long way to go. Dr. Kaplan's annual budget is \$1 million. About 20 percent of that comes from NIH funding—the other 80 percent comes from families and friends. And I'll tell you something interesting—Dr. Kaplan says that even though FOP affects only one person in 2 million, the answers that can be found in continued research can shed light on osteoporosis and extra-bone formation that occurs after head or spinal cord trauma. So there is the very real potential of beneficial effects for many millions of people.

There are some promising avenues. Adult stem cell research and examination of bone marrow from FOP sufferers have yielded possible directions to pursue. Wider stem cell research would be exponentially more helpful.

Whitney's parents enable her to live as normal a life as possible for as long as possible. And she shares fun and confidences with Mackenzie Roach, her friend since kindergarten. She also shares one of life's extraordinary connecting bonds with Mackenzie. Stephen Roach, Mackenzie's father, was killed on September 11 when terrorists bombed the World Trade Center. Stephen was very involved in raising funds

and awareness for FOP. In his memory, Mackenzie's family has created the Stephen L. Roach Fund for FOP Research, which to date has raised more than \$800,000.

Last March, President Bush declared 2002–2011 as National Bone and Joint Decade. That is a very hopeful development, and hope goes a long way. When we join that hope with a sustained focus on finding a cure for FOP, we will go even further.

NINTH CIRCUIT COURT SPLIT—S.

562

Mr. BURNS. Mr. President, I rise today to join my colleagues in sponsoring S. 562, which will reorganize the Ninth Circuit Court of Appeals. I have been a long-time advocate of splitting this controversial court and my passion was further enflamed when a three-judge panel of the Ninth Circuit ruled that the words "under God" in the Pledge of Allegiance are unconstitutional. I found this ruling appalling.

In fact, I am also a cosponsor of S. Res. 71, which expressed support of the Pledge of Allegiance. This resolution unanimously passed the Senate on March 4. This resolution came as a result of the Ninth Circuit voting not to have the full court reconsider the earlier decision, which I believe was a mistake.

The current Ninth Circuit encompasses nine States, two territories, and 14 million square miles. The current population is estimated at 45 million people; however, the Census Bureau has estimated the population to grow to 63 million by the year 2010. In comparison, the circuit with the second highest population is the Sixth Circuit, which contains 29 million people. The Ninth Circuit also seats the highest number of active judges with 28, whereas the Fifth Circuit has the second highest with 17. The average number of judges in each circuit, excluding the Ninth Circuit, is 12.6.

The population served by the Ninth Circuit Court of Appeals needs a change. The liberal, frequently reversed decisions handed down by the Ninth Circuit do not fairly represent the views of my State and many of those in the surrounding region. About half of the judges on the Ninth Circuit are California based and, with all due respect, do not reflect the principles and values of those of us from Montana.

The amount of time between filing and disposition on the Ninth Circuit is exorbitant. In 2001, the national average was 10.9 months, while the Ninth Circuit's average time was 15.8 months, nearly a 5-month difference. From 1996 to 2001, the national average has increased by 0.5 months while the Ninth Circuit's average has increased by 1.5 months.

The size, unbalanced judgeships, high reversal record, and intracircuit conflicts of the Ninth Circuit, along with the past success of dividing the Fifth

Circuit, endorse the notion of division. It was the intent of Congress to create regional courts based upon identity of population and the current Ninth Circuit Court simply does not reflect Montana's unique social, cultural, geographic or economic characteristics.

This trend cannot continue. It is time to split the Ninth Circuit and I urge my colleagues to join me in supporting this reasonable, commonsense bill.

ZIMBABWE

Mr. FEINGOLD. I rise to draw the Senate's attention to events in Zimbabwe, where a continuing political and economic crisis is devastating the country and threatening the future of the southern African region. A combination of corruption at the highest levels of government, political desperation leading to ill-conceived economic and agricultural policies implemented in chaotic fashion, and severe political repression have brought the country to its knees. Already devastated by the HIV/AIDS pandemic, Zimbabwe is now gripped by a food crisis—one in large part caused by the government's policies. Nearly 40 percent of Zimbabweans are malnourished. This in a country that used to be a net exporter of food to the region.

Members of Zimbabwe's ruling party and their cronies have led their own country to ruin—even starvation—in order to manipulate the population and retain power. We are talking about a government that tortures independent journalists, beats respected civil society leaders who have testified before Congress, murders opposition supporters, and recently even arrested and detained a U.S. diplomat.

Last week, President Bush signed an executive order freezing the assets of 77 Zimbabwean individuals responsible for this repression and abuse, and prohibiting Americans from having business dealings with them. This is a step many of us in Congress had been anticipating for some time. Just last month I asked Secretary of State Powell about the status of the asset freeze, and more recently I spoke with the President's National Security Advisor, Dr. Condoleezza Rice, about this matter. I am glad the delay is over, and I commend the President for taking this step.

I was recently in Botswana and South Africa, and it is clear the consequences of the crisis are spilling over into other parts of the southern African region. Zimbabweans desperate to escape are spilling across borders. Foreign investors are nervous about engagement in the region. And the muted reaction of other African leaders is calling into question their commitment to the basic principles so critical to the development of the region.

I also commend the President and the administration for making it clear that the U.S. condemnation of the Zimbabwean government has nothing

to do with race, and everything to do with basic principles like the rule of law, democratic governance, and freedom of expression. As the ranking member of the Subcommittee on African Affairs, I look forward to continuing to work with the administration, with colleagues on both sides of the aisle, with African leaders, and with the many brave and capable Zimbabweans who are working to stop Zimbabwe's decline into disorder and to realize the potential of the Zimbabwean people.

ADDITIONAL STATEMENTS

INTERNATIONAL WOMEN'S DAY

● Mr. FEINGOLD. Mr. President, I rise to take note of International Women's Day, which people around the world commemorated last Saturday. For nearly a century, women's groups worldwide have paused on March 8 to celebrate the achievements and contributions of women in all fields of human endeavor throughout our history. It is a special occasion to remember the progress women have made and to reflect upon the injustices and hardships they still face.

When I arrive here a decade ago, there were only six women in the Senate, and four of them had just come in with me in the Class of '92. Today there are 14. Of the 18 women who have ever been elected to a full term in the Senate, 13 are here now. There are now 62 women in the House of Representatives—the most ever. And NANCY PELOSI recently became the first woman ever chosen to lead a majority party in the Congress. Around the world, at latest count, almost 500 million people live in countries with female elected heads of government.

These are encouraging signs that we are making progress toward achieving full equality for women in the political realm. But even after the great advances of the past decade, women, who are more than half the electorate, account for only 14 percent of each House of the U.S. Congress. This is just one example of how, in so many areas, we still have a long way to go.

Women have made tremendous strides in the last century. In the United States today, more women than ever are attending college and earning post-graduate degrees. More women are entering the workforce and starting their own companies. But although equal pay for equal work has been the law of the land since 1963, on average, women still earn substantially less than men. Wage discrimination persists, costing families thousands of dollars each year. I am proud to support legislative efforts to correct this discrepancy.

While many women are going to work, many have to sacrifice time spent with their children in order to afford child care, education, and health care for their kids. Too often, women and children fall through the cracks of